

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16083

FILED MAY 8 1944
373

Registration District No. 2

Primary Registration District No. 6266

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Rural - High Prairie Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. x
(Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME Lillie May Hargus

3. (b) If veteran, name war. x 3. (c) Social Security No. x

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, 2 divorced widowed
6. (b) Name of husband or wife. Abe Hargus 6. (c) Age of husband or wife if alive. x years
7. Birth date of deceased. January - 27 - 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 3 If less than one day x hr. x min.

9. Birthplace Webster Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Robinson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Pett
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Inez Brashers (daughter)
(b) Address Aurora - Missouri

17. (a) Burial (b) Date thereof Apr - 1 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Oak

18. (a) Signature of funeral director Rev Rainey

(b) Address Marshfield, Mo.

19. (a) May 2 - 44 (b) Charlotte Bruce
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1944 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Aug. 12, 44
19 44 to March 29, 44
that I last saw her alive on March 29, 44
and that death occurred on the date and hour stated above.

Immediate cause of death. Heart Attack
Due to Diseases of valves and chronic Endocarditis

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature E. S. Hargus (At. B. or other) DO
Address Marshfield Mo. Date signed 7-5-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 6

District File Number 544-542

Date Filed MAY 6 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3312

P. O. Address Marshfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.